

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.”

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | |
|-----------------|-------------------------------|
| \$245 | filings fee |
| \$75 | administrative fee |
| <u>+</u> | <u>\$15</u> trustee surcharge |
| \$335 total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | |
|-------------------|--------------------|
| \$1,167 | filing fee |
| + \$550 | administrative fee |
| \$1,717 total fee | |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | | |
|-------|--|--------------------------------|
| \$200 | | filing fee |
| + | | \$75 <u>administrative fee</u> |
| | | \$275 total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | | |
|-------|--|--------------------------------|
| \$235 | | filing fee |
| + | | \$75 <u>administrative fee</u> |
| | | \$310 total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Fill in this information to identify your case:

| | | | |
|---|-------------------------|--------------------|-----------|
| Debtor 1 | BRANDON S. LYMAN | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | SHAYLEE M. LYMAN | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | | DISTRICT OF NEVADA | |
| Case number (if known) | 19-51014 | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

| | | Your assets Value of what you own |
|-----|---|---|
| 1. | Schedule A/B: Property (Official Form 106A/B) | \$ 0.00 |
| 1a. | Copy line 55, Total real estate, from Schedule A/B..... | \$ 0.00 |
| 1b. | Copy line 62, Total personal property, from Schedule A/B..... | \$ 6,330.00 |
| 1c. | Copy line 63, Total of all property on Schedule A/B..... | \$ 6,330.00 |

Part 2: Summarize Your Liabilities

| | | Your liabilities Amount you owe |
|-----|---|--|
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | \$ 6,966.00 |
| 2a. | Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ... | \$ 6,966.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$ 0.00 |
| 3a. | Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$ 0.00 |
| 3b. | Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | \$ 40,871.16 |
| | | Your total liabilities \$ 47,837.16 |

Part 3: Summarize Your Income and Expenses

| | | |
|----|---|-------------|
| 4. | Schedule I: Your Income (Official Form 106I) | \$ 1,921.68 |
| | Copy your combined monthly income from line 12 of <i>Schedule I</i> | \$ 1,921.68 |
| 5. | Schedule J: Your Expenses (Official Form 106J) | \$ 3,129.00 |
| | Copy your monthly expenses from line 22c of <i>Schedule J</i> | \$ 3,129.00 |

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **BRANDON S. LYMAN**
Debtor 2 **SHAYLEE M. LYMAN**Case number (if known) **19-51014**8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.\$ 3,171.539. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

| From Part 4 on Schedule E/F, copy the following: | Total claim |
|--|-----------------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ <u>0.00</u> |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ <u>0.00</u> |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ <u>0.00</u> |
| 9d. Student loans. (Copy line 6f.) | \$ <u>0.00</u> |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ <u>0.00</u> |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ <u>0.00</u> |
| 9g. Total. Add lines 9a through 9f. | \$ <u>0.00</u> |

Fill in this information to identify your case and this filing:

| | | | |
|---|-------------------------|-------------|-----------|
| Debtor 1 | BRANDON S. LYMAN | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | SHAYLEE M. LYMAN | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: DISTRICT OF NEVADA | | | |
| Case number | 19-51014 | | |

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

| | |
|-----------------------|------------------------------------|
| 3.1 Make: JEEP | Model: CHEROKEE |
| Year: 2005 | Approximate mileage: 161000 |
| Other information: | |
| <input type="text"/> | |

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

Check if this is community property
(see instructions)

\$3,500.00

\$3,500.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$3,500.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

Debtor 1 **BRANDON S. LYMAN**
Debtor 2 **SHAYLEE M. LYMAN**Case number (if known) **19-51014****6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware No Yes. Describe.....**HOUSEHOLD GOODS AND FURNISHINGS****\$325.00****7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No Yes. Describe.....**TELEVISION, TABLET, GAME CONSOLE, CELL PHONES AND ELECTRONICS****\$600.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe.....**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe.....**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe.....**TAURUS .38 SPECIAL****\$300.00****11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe.....**MEN, WOMEN AND CHILDREN'S CLOTHING****\$600.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.....**JEWELRY****\$1,000.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses No Yes. Describe.....**1 DOG AND 3 CATS****\$0.00**

Debtor 1 **BRANDON S. LYMAN**
Debtor 2 **SHAYLEE M. LYMAN**Case number (if known) **19-51014**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information..**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....

Debtor 1 **BRANDON S. LYMAN**
Debtor 2 **SHAYLEE M. LYMAN**Case number (if known) **19-51014****35. Any financial assets you did not already list**

No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**\$5.00****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.
 Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.****46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here**\$0.00****Part 8: List the Totals of Each Part of this Form**

| | | |
|--|-------------------|--|
| 55. Part 1: Total real estate, line 2 | | \$0.00 |
| 56. Part 2: Total vehicles, line 5 | \$3,500.00 | |
| 57. Part 3: Total personal and household items, line 15 | \$2,825.00 | |
| 58. Part 4: Total financial assets, line 36 | \$5.00 | |
| 59. Part 5: Total business-related property, line 45 | \$0.00 | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | |
| 61. Part 7: Total other property not listed, line 54 | \$0.00 | |
| | + | |
| 62. Total personal property. Add lines 56 through 61... | \$6,330.00 | Copy personal property total \$6,330.00 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | | \$6,330.00 |

Fill in this information to identify your case:

| | | | |
|---|-------------------------|-------------|-----------|
| Debtor 1 | BRANDON S. LYMAN | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | SHAYLEE M. LYMAN | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF NEVADA | | |
| Case number (if known) | 19-51014 | | |

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own Copy the value from <i>Schedule A/B</i> | Amount of the exemption you claim <i>Check only one box for each exemption.</i> | Specific laws that allow exemption |
|---|---|---|---------------------------------------|
| HOUSEHOLD GOODS AND FURNISHINGS Line from <i>Schedule A/B</i> : 6.1 | \$325.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Nev. Rev. Stat. § 21.090(1)(b) |
| TELEVISION, TABLET, GAME CONSOLE, CELL PHONES AND ELECTRONICS Line from <i>Schedule A/B</i> : 7.1 | \$600.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Nev. Rev. Stat. § 21.090(1)(b) |
| TAURUS .38 SPECIAL Line from <i>Schedule A/B</i> : 10.1 | \$300.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Nev. Rev. Stat. § 21.090(1)(i) |
| MEN, WOMEN AND CHILDREN'S CLOTHING Line from <i>Schedule A/B</i> : 11.1 | \$600.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Nev. Rev. Stat. § 21.090(1)(b) |
| JEWELRY Line from <i>Schedule A/B</i> : 12.1 | \$1,000.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Nev. Rev. Stat. § 21.090(1)(a) |

Debtor 1 **BRANDON S. LYMAN**
Debtor 2 **SHAYLEE M. LYMAN**

Case number (if known)

19-51014

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|---|--|---|
| | | Copy the value from <i>Schedule A/B</i> | <i>Check only one box for each exemption.</i> |
| SAVINGS: OE FEDERAL CREDIT UNION Line from <i>Schedule A/B</i> : 17.1 | \$5.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Nev. Rev. Stat. § 21.090(1)(g) |
| SAVINGS: OE FEDERAL CREDIT UNION Line from <i>Schedule A/B</i> : 17.1 | \$5.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Nev. Rev. Stat. § 21.090(1)(z) |

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Fill in this information to identify your case:

| | | | |
|---|-------------------------|-------------|-----------|
| Debtor 1 | BRANDON S. LYMAN | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | SHAYLEE M. LYMAN | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF NEVADA | | |
| Case number (if known) | 19-51014 | | |

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 CREDIT CONCEPTS

Creditor's Name

**220 W 7TH AVE
EUGENE, OR 97401**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Describe the property that secures the claim:

2005 JEEP CHEROKEE 161000 miles

| Column A | Column B | Column C |
|--|--|--------------------------------|
| Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| \$6,966.00 | \$3,500.00 | \$3,466.00 |

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred **7/26/19**

Last 4 digits of account number **1121**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$6,966.00

If this is the last page of your form, add the dollar value totals from all pages.

\$6,966.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

| | | | |
|---|-------------------------|-------------|-----------|
| Debtor 1 | BRANDON S. LYMAN | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | SHAYLEE M. LYMAN | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>DISTRICT OF NEVADA</u> | | | |
| Case number (if known) | <u>19-51014</u> | | |

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.

Yes.

2. **List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | | Total claim | Priority amount | Nonpriority amount |
|-----|--|--|-----------------|--------------------|
| 2.1 | INTERNAL REVENUE SERVICE Priority Creditor's Name PO BOX 7346 Philadelphia, PA 19101-7317 Number Street City State Zip Code | Last 4 digits of account number | \$0.00 | \$0.00 |
| | | When was the debt incurred? | | |
| | | As of the date you file, the claim is: Check all that apply | | |
| | | <input type="checkbox"/> Contingent | | |
| | | <input type="checkbox"/> Unliquidated | | |
| | | <input type="checkbox"/> Disputed | | |
| | | Type of PRIORITY unsecured claim: | | |
| | | <input type="checkbox"/> Domestic support obligations | | |
| | | <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government | | |
| | | <input type="checkbox"/> Claims for death or personal injury while you were intoxicated | | |
| | | <input type="checkbox"/> Other. Specify _____ | | |
| | Check if this claim is for a community debt | | | |
| | Is the claim subject to offset? | | | |
| | <input checked="" type="checkbox"/> No | | | |
| | <input type="checkbox"/> Yes | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **BRANDON S. LYMAN**
Debtor 2 **SHAYLEE M. LYMAN**

Case number (if known)

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| | | | |
|-----|--|--|------------|
| 4.1 | AARGON COLLECTION AGEN Nonpriority Creditor's Name 3025 W SAHARA LAS VEGAS, NV 89102 Number Street City State Zip Code | Last 4 digits of account number <u>3136</u> | \$1,165.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? <u>Opened 8/20/18</u> | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt | As of the date you file, the claim is: Check all that apply | |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | Is the claim subject to offset? | Type of NONPRIORITY unsecured claim: | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | | Collection Attorney NORTHERN NEVADA MEDICAL CENTER | |
| 4.2 | ABSOLUTE MUSIC Nonpriority Creditor's Name 8175 S. VIRGINIA STREET, SUITE 600 Reno, NV 89511 Number Street City State Zip Code | Last 4 digits of account number <u>YM18</u> | \$212.04 |
| | Who incurred the debt? Check one. | When was the debt incurred? <u>5/2019</u> | |
| | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt | As of the date you file, the claim is: Check all that apply | |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | Is the claim subject to offset? | Type of NONPRIORITY unsecured claim: | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | | ■ Other. Specify <u>RENTAL EQUIPMENT</u> | |
| 4.3 | ADVANCE A CHECK Nonpriority Creditor's Name 469 E. PLUMB LANE Reno, NV 89502 Number Street City State Zip Code | Last 4 digits of account number | \$111.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? <u>2/2011</u> | |
| | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt | As of the date you file, the claim is: Check all that apply | |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | Is the claim subject to offset? | Type of NONPRIORITY unsecured claim: | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | | ■ Other. Specify <u>LOAN</u> | |

Debtor 1 **BRANDON S. LYMAN**
Debtor 2 **SHAYLEE M. LYMAN**

Case number (if known)

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| | | |
|--|---|----------------|
| 4.4 AT&T Nonpriority Creditor's Name PO BOX 989045 West Sacramento, CA 95798-9045 Number Street City State Zip Code | Last 4 digits of account number 1129 When was the debt incurred? 3/2010 As of the date you file, the claim is: Check all that apply | \$90.99 |
| <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | | |
| <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify UTILITIES</p> | | |
| <hr/> 4.5 BANK OF AMERICA Nonpriority Creditor's Name PO BOX 25118 Tampa, FL 33662 Number Street City State Zip Code | | |
| Last 4 digits of account number 1,600.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply | | |
| <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | | |
| <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Bank fees</p> | | |
| <hr/> 4.6 BUS&PROF COL Nonpriority Creditor's Name 816 S CENTER ST RENO, NV 89501 Number Street City State Zip Code | | |
| Last 4 digits of account number 5450 When was the debt incurred? Opened 10/02/17 As of the date you file, the claim is: Check all that apply | | |
| <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | | |
| <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify 10 SPPC DBA NV ENERGY</p> | | |

Debtor 1 **BRANDON S. LYMAN**
Debtor 2 **SHAYLEE M. LYMAN**

Case number (if known)

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| | | | |
|-----|---|--|------------|
| 4.7 | BUS&PROF COL Nonpriority Creditor's Name 816 S CENTER ST RENO, NV 89501 Number Street City State Zip Code | Last 4 digits of account number 5451 | \$229.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? Opened 10/02/17 | |
| | <input type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Contingent | |
| | <input checked="" type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Unliquidated | |
| | <input type="checkbox"/> Debtor 1 and Debtor 2 only | <input type="checkbox"/> Disputed | |
| | <input type="checkbox"/> At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Student loans | |
| | Is the claim subject to offset? | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify 10 SPPC DBA NV ENERGY | |
| 4.8 | BUS&PROF COL Nonpriority Creditor's Name 816 S CENTER ST RENO, NV 89501 Number Street City State Zip Code | Last 4 digits of account number 0705 | \$65.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? Opened 8/13/15 | |
| | <input checked="" type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Contingent | |
| | <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Unliquidated | |
| | <input type="checkbox"/> Debtor 1 and Debtor 2 only | <input type="checkbox"/> Disputed | |
| | <input type="checkbox"/> At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Student loans | |
| | Is the claim subject to offset? | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify SPARKS RADIOLOGY GROUP | |
| 4.9 | CAL VADA TOWING Nonpriority Creditor's Name 1408 PITTMAN AVE. Sparks, NV 89431 Number Street City State Zip Code | Last 4 digits of account number | \$1,500.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? | |
| | <input type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Contingent | |
| | <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Unliquidated | |
| | <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | <input type="checkbox"/> Disputed | |
| | <input type="checkbox"/> At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | <input checked="" type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Student loans | |
| | Is the claim subject to offset? | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify Tow fees | |

Debtor 1 **BRANDON S. LYMAN**
Debtor 2 **SHAYLEE M. LYMAN**

Case number (if known)

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| | |
|--|--|
| <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1 0</div> CARSON TAHOE EMERGENCY PHYS Nonpriority Creditor's Name PO BOX 95728 Oklahoma City, OK 73143 Number Street City State Zip Code | Last 4 digits of account number _____ Unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Disputed <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical debt <input type="checkbox"/> Yes |
| <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1 1</div> CARSON TAHOE HEALTH Nonpriority Creditor's Name PO BOX 2227 Carson City, NV 89702 Number Street City State Zip Code | |
| Last 4 digits of account number _____ Unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Disputed <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical debt <input type="checkbox"/> Yes | |
| <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1 2</div> CC COLL SVC Nonpriority Creditor's Name 8860 W SUNSET LAS VEGAS, NV 89148 Number Street City State Zip Code | |
| Last 4 digits of account number 3026 \$127.00 When was the debt incurred? Opened 1/30/15 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Disputed <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify 12 DOLLAR LOAN CENTER <input type="checkbox"/> Yes | |

Debtor 1 **BRANDON S. LYMAN**
Debtor 2 **SHAYLEE M. LYMAN**

Case number (if known)

19-51014

| | | | |
|------------------|--|---|-------------------|
| 4.1 3 | CC COLL SVC Nonpriority Creditor's Name 8860 W SUNSET LAS VEGAS, NV 89148 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 0514 When was the debt incurred? Opened 2/17/15 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 12 DOLLAR LOAN CENTER | \$122.00 |
| 4.1 4 | CHECK N GO Nonpriority Creditor's Name 7755 MONTGOMERY ROAD, STE. 400 Cincinnati, OH 45236 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Pay day loan | \$1,000.00 |
| 4.1 5 | COLLECTION SERVICE/NEV Nonpriority Creditor's Name 777 FOREST ST RENO, NV 89509 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 4830 When was the debt incurred? Opened 08/14 Last Active 3/28/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney FUTURE FINANCE COMPANY | \$670.00 |

Debtor 1 **BRANDON S. LYMAN**
Debtor 2 **SHAYLEE M. LYMAN**

Case number (if known)

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| | | | |
|------------------|--|--|-------------------|
| 4.1 6 | <p>DANT-PACIFIC, LTD. Nonpriority Creditor's Name 2905 NORTHTOWNE LANE, SUITE 110 Reno, NV 89512 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 6481</p> <p>When was the debt incurred? 5/2018</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify LOAN</p> | \$1,987.76 |
| 4.1 7 | <p>DEBT REC SOL Nonpriority Creditor's Name 6800 JERICHO TURNPIKE SYOSSET, NY 11791 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 3876</p> <p>When was the debt incurred? Opened 10/29/18</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify 12 CHECKINTOCASH</p> | \$269.00 |
| 4.1 8 | <p>DIVERSIFIED CONSULTANT Nonpriority Creditor's Name P O BOX 551268 JACKSONVILLE, FL 32255 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 7275</p> <p>When was the debt incurred? Opened 05/19</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Collection Attorney ATT U-VERSE</p> | \$212.00 |

Debtor 1 **BRANDON S. LYMAN**
Debtor 2 **SHAYLEE M. LYMAN**

Case number (if known)

19-51014

| | | | |
|-----------------|--|---|-----------------|
| 4.1 9 | <p>EASTERN ACCOUNT SYSTEM OF CONNECTICUT, I Nonpriority Creditor's Name PO BOX 837 Newtown, CT 06470-0837 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p>Check if this claim is for a community debt Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify SPECTRUM</p> | Last 4 digits of account number 5414 When was the debt incurred? 4/2017 As of the date you file, the claim is: Check all that apply | \$284.60 |
|-----------------|--|---|-----------------|

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|-----------------|--|---|-----------------|
| 4.2 0 | <p>ENHANCED RECOVERY CO L Nonpriority Creditor's Name 8014 BAYBERRY RD JACKSONVILLE, FL 32256 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p>Check if this claim is for a community debt Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Collection Attorney CHARTER COMMUNICATIONS</p> | Last 4 digits of account number 5593 When was the debt incurred? Opened 12/17 As of the date you file, the claim is: Check all that apply | \$566.00 |
|-----------------|--|---|-----------------|

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|-----------------|--|---|-------------------|
| 4.2 1 | <p>HARRY'S QUALITY CARS Nonpriority Creditor's Name 9200 S. VIRGINIA ST. Reno, NV 89511 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p>Check if this claim is for a community debt Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify 2002 DODGE STRATUS</p> | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply | \$3,000.00 |
|-----------------|--|---|-------------------|

Debtor 1 **BRANDON S. LYMAN**
Debtor 2 **SHAYLEE M. LYMAN**

Case number (if known)

19-51014

| | | | |
|--|--|---|------------|
| HSP CLCT SVC | | 4.2 2 | \$1,235.00 |
| Nonpriority Creditor's Name | | Last 4 digits of account number 0445 | |
| 816 S CENTER ST | | When was the debt incurred? Opened 8/03/17 | |
| RENO, NV 89501 | | As of the date you file, the claim is: Check all that apply | |
| Number Street City State Zip Code | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | |
| <input checked="" type="checkbox"/> Other. Specify SIERRA EMERGENCY PHYSICIANS | | | |

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|---|---|
| <p>KNOTTS BERRY FARM</p> <p>Nonpriority Creditor's Name 8039 BEACH BLVD. Buena Park, CA 90620</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <input type="text"/></p> <p>When was the debt incurred? <input type="text"/></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Fees for season passes</p> |
|---|---|

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|---|--|--------------------------|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">4.2 4</div> <p>LOANMAX, LLC</p> <p>Nonpriority Creditor's Name 2258 ODDIE BLVD. Sparks, NV 89431</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 5183</p> <p>When was the debt incurred? 3/2017</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify LOAN</p> | <p>\$1,618.38</p> |
|---|--|--------------------------|

Debtor 1 **BRANDON S. LYMAN**
Debtor 2 **SHAYLEE M. LYMAN**

Case number (if known)

19-51014

| | | | |
|---|---|---|-------------------|
| 4.2 | MILNE TOWING SERVICES Nonpriority Creditor's Name 1700 MARIETTA WAY Sparks, NV 89431 | Last 4 digits of account number | \$2,000.00 |
| 5 | Number Street City State Zip Code | When was the debt incurred? | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Tow Fees | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.2 | MONEY TREE Nonpriority Creditor's Name PO BOX 58363 Seattle, WA 98138 | Last 4 digits of account number | \$1,000.00 |
| 6 | Number Street City State Zip Code | When was the debt incurred? | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Pay day loan | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.2 | NEVADA WEST FINANCIAL/ Nonpriority Creditor's Name 6767 W TROPICANA AVE LAS VEGAS, NV 89103 | Last 4 digits of account number | \$9,095.00 |
| 7 | Number Street City State Zip Code | When was the debt incurred? | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Automobile | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Debtor 1 **BRANDON S. LYMAN**
Debtor 2 **SHAYLEE M. LYMAN**

Case number (if known)

19-510144.2
8**NORTHERN NEVADA EMERGENCY PHYSICIANS**

Nonpriority Creditor's Name

**PO BOX 95728
Oklahoma City, OK 73143-5728**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **1503****\$299.00**When was the debt incurred? **1/2013**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **MEDICAL DEBT**

4.2
9**NORTHERN NEVADA MEDICAL CENTER**

Nonpriority Creditor's Name

**PO BOX 31001-0827
Pasadena, CA 91110-0827**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **2188****\$444.50**When was the debt incurred? **5/2013**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **MEDICAL DEBT**

4.3
0**PAYCHECK ADVANCE**

Nonpriority Creditor's Name

**75 W. PLUMB LANE
Reno, NV 89509**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$600.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Pay day**

Debtor 1 **BRANDON S. LYMAN**
Debtor 2 **SHAYLEE M. LYMAN**

Case number (if known)

19-51014

| | | |
|----------|--|--|
| 4.3 1 | PREMIER REALTY INC. Nonpriority Creditor's Name 502 S. WELLS AVENUE, SUITE 100 Reno, NV 89502 Number Street City State Zip Code | Last 4 digits of account number _____ \$1,225.00 |
| | Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | When was the debt incurred? 9/2011 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify RENT |
| 4.3 2 | RAPID CASH Nonpriority Creditor's Name 3611 NORTH RIDGE DR. Wichita, KS 67205 Number Street City State Zip Code | Last 4 digits of account number _____ \$600.00 |
| | Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Pay day |
| 4.3 3 | RENOWN Nonpriority Creditor's Name PO BOX 30006 Reno, NV 89520 Number Street City State Zip Code | Last 4 digits of account number _____ Unknown |
| | Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical debt |

Debtor 1 **BRANDON S. LYMAN**
Debtor 2 **SHAYLEE M. LYMAN**

Case number (if known)

19-51014

| | | | |
|----------|--|---|-------------------|
| 4.3 4 | SUMMIT COLLECTION SERVICES Nonpriority Creditor's Name 491 COURT STREET Reno, NV 89507 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Judgment | \$3,484.28 |
| 4.3 5 | SUMMIT COLLECTION SERVICES Nonpriority Creditor's Name 491 COURT STREET Reno, NV 89501 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 9390 When was the debt incurred? 5/2012 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify JB RENTALS | \$795.81 |
| 4.3 6 | TITLE MAX TITLE LOANS Nonpriority Creditor's Name 900 W.5TH AVE. Reno, NV 89501 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Title Loan | \$900.00 |

Debtor 1 **BRANDON S. LYMAN**
Debtor 2 **SHAYLEE M. LYMAN**

Case number (if known)

19-51014

| | | | |
|------------------|--|---|-------------------|
| 4.3 7 | <p>TRUCKEE MEADOWS WATER AUTHORITY Nonpriority Creditor's Name PO BOX 70002 Prescott, AZ 86304-7002 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify UTILITIES</p> | Last 4 digits of account number 2567 When was the debt incurred? 5/2013 As of the date you file, the claim is: Check all that apply | \$56.06 |
| 4.3 8 | <p>US Bank Nonpriority Creditor's Name 4325 17th Ave. S Fargo, ND 58125 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Bank fees</p> | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply | \$500.00 |
| 4.3 9 | <p>US Bank Nonpriority Creditor's Name 4325 17th Ave. S Fargo, ND 58125 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Bank fees</p> | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply | \$2,000.00 |

Debtor 1 **BRANDON S. LYMAN**
Debtor 2 **SHAYLEE M. LYMAN**

Case number (if known)

19-51014

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|---|---|
| <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.4 1</div> US BANK Nonpriority Creditor's Name PO BOX 1800 Saint Paul, MN 55101 Number Street City State Zip Code | Last 4 digits of account number _____ \$500.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply |
| <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> Other. Specify Bank fees</p> | |
| <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |
| <hr/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.4 1</div> WALMART FAMILY MOBILE Nonpriority Creditor's Name PO BOX 37380 Albuquerque, NM 87176-7380 Number Street City State Zip Code | |
| Last 4 digits of account number 3519 \$253.74 When was the debt incurred? 3/2017 As of the date you file, the claim is: Check all that apply | |
| <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> Other. Specify UTILITIES</p> | |
| <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <hr/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.4 2</div> WELLS FARGO Nonpriority Creditor's Name PO BOX 54349 Los Angeles, CA 90054 Number Street City State Zip Code | |
| Last 4 digits of account number 3106 \$300.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply | |
| <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> Other. Specify Bank fees</p> | |
| <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |

Debtor 1 **BRANDON S. LYMAN**
Debtor 2 **SHAYLEE M. LYMAN**

Case number (if known)

19-51014

| | | | |
|----------|--|--|----------------|
| 4.4 3 | WILLOWBROOK APARTMENTS LLC Nonpriority Creditor's Name 4050 BAKER LANE Reno, NV 89509 Number Street City State Zip Code | Last 4 digits of account number _____ | Unknown |
| | | When was the debt incurred? _____ | |
| | | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | <input type="checkbox"/> Debtor 1 only | |
| | | <input type="checkbox"/> Contingent | |
| | | <input type="checkbox"/> Debtor 2 only | |
| | | <input type="checkbox"/> Unliquidated | |
| | | <input type="checkbox"/> Debtor 1 and Debtor 2 only | |
| | | <input type="checkbox"/> Disputed | |
| | | <input type="checkbox"/> At least one of the debtors and another | |
| | Check if this claim is for a community debt | <input type="checkbox"/> Student loans | |
| | Is the claim subject to offset? | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | <input type="checkbox"/> No | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> Other. Specify RENT | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
MONEY TREE
1475 PRATER WAY, SUITE 109
Sparks, NV 89434

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address
US BANK
PO BOX 5227
Cincinnati, OH 45202-5227

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8831**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | |
|---------------------------------|--|--|-------------------------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. \$ 0.00 | |
| | 6b. Taxes and certain other debts you owe the government | 6b. \$ 0.00 | |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. \$ 0.00 | |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. \$ 0.00 | |
| | 6e. Total Priority. Add lines 6a through 6d. | 6e. \$ 0.00 | |
| Total claims from Part 2 | 6f. Student loans | 6f. \$ 0.00 | |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ 0.00 | |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. \$ 0.00 | |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. \$ 40,871.16 | |
| | | 6j. Total Nonpriority. Add lines 6f through 6i. | 6j. \$ 40,871.16 |

Fill in this information to identify your case:

| | | | |
|---|-------------------------|-------------|-----------|
| Debtor 1 | BRANDON S. LYMAN | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | SHAYLEE M. LYMAN | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF NEVADA | | |
| Case number (if known) | 19-51014 | | |

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | | | State what the contract or lease is for |
|--|--|--|---|
| 2.1 | | | |
| Name Number Street City State ZIP Code | | | |
| 2.2 | | | |
| Name Number Street City State ZIP Code | | | |
| 2.3 | | | |
| Name Number Street City State ZIP Code | | | |
| 2.4 | | | |
| Name Number Street City State ZIP Code | | | |
| 2.5 | | | |
| Name Number Street City State ZIP Code | | | |

Fill in this information to identify your case:

| | | | |
|---|-------------------------|-------------|-----------|
| Debtor 1 | BRANDON S. LYMAN | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | SHAYLEE M. LYMAN | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF NEVADA | | |
| Case number (if known) | 19-51014 | | |

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

 No
 Yes.

In which community state or territory did you live? -NONE- Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent
Number, Street, City, State & Zip Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1

Name _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Number _____ Street _____ State _____ ZIP Code _____

3.2

Name _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Number _____ Street _____ State _____ ZIP Code _____

Fill in this information to identify your case:

| | |
|---|---------------------------|
| Debtor 1 | BRANDON S. LYMAN |
| Debtor 2 (Spouse, if filing) | SHAYLEE M. LYMAN |
| United States Bankruptcy Court for the: | DISTRICT OF NEVADA |
| Case number (if known) | 19-51014 |

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

| | Debtor 1 | Debtor 2 or non-filing spouse |
|--------------------|---|---|
| Employment status | <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed | <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed |
| Occupation | WAREHOUSE MANAGER | HOUSEKEEPER |
| Employer's name | DESIGN TILE & STONE | AMERICAN HOUSEKEEPING |
| Employer's address | 905 GREG STREET Sparks, NV 89431 | 295 GENTRY WAY, SUITE 3 Reno, NV 89502 |

How long employed there? **1 YEAR**

2 WEEKS

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|-----------------------|--------------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ 2,324.22 | \$ 0.00 |
| 3. Estimate and list monthly overtime pay. | 3. +\$ 0.00 | +\$ 0.00 |
| 4. Calculate gross Income. Add line 2 + line 3. | 4. \$ 2,324.22 | \$ 0.00 |

Debtor 1 **BRANDON S. LYMAN**
Debtor 2 **SHAYLEE M. LYMAN**

Case number (if known)

19-51014

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|--|--|
| Copy line 4 here | 4. \$ 2,324.22 | \$ 0.00 |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 402.54 | \$ 0.00 |
| 5b. Mandatory contributions for retirement plans | 5b. \$ 0.00 | \$ 0.00 |
| 5c. Voluntary contributions for retirement plans | 5c. \$ 0.00 | \$ 0.00 |
| 5d. Required repayments of retirement fund loans | 5d. \$ 0.00 | \$ 0.00 |
| 5e. Insurance | 5e. \$ 0.00 | \$ 0.00 |
| 5f. Domestic support obligations | 5f. \$ 0.00 | \$ 0.00 |
| 5g. Union dues | 5g. \$ 0.00 | \$ 0.00 |
| 5h. Other deductions. Specify: | 5h.+ \$ 0.00 | + \$ 0.00 |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. \$ 402.54 | \$ 0.00 |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ 1,921.68 | \$ 0.00 |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ 0.00 | \$ 0.00 |
| 8b. Interest and dividends | 8b. \$ 0.00 | \$ 0.00 |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ 0.00 | \$ 0.00 |
| 8d. Unemployment compensation | 8d. \$ 0.00 | \$ 0.00 |
| 8e. Social Security | 8e. \$ 0.00 | \$ 0.00 |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. \$ 0.00 | \$ 0.00 |
| 8g. Pension or retirement income | 8g. \$ 0.00 | \$ 0.00 |
| 8h. Other monthly income. Specify: | 8h.+ \$ 0.00 | + \$ 0.00 |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. \$ 0.00 | \$ 0.00 |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ 1,921.68 | + \$ 0.00 = \$ 1,921.68 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: | 11. +\$ 0.00 | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies | 12. \$ 1,921.68 | |
| 13. Do you expect an increase or decrease within the year after you file this form? | <input checked="" type="checkbox"/> No. | |
| | <input type="checkbox"/> Yes. Explain: | |

Fill in this information to identify your case:

| | |
|---|---------------------------|
| Debtor 1 | BRANDON S. LYMAN |
| Debtor 2 | SHAYLEE M. LYMAN |
| (Spouse, if filing) | |
| United States Bankruptcy Court for the: | DISTRICT OF NEVADA |
| Case number | 19-51014 |
| (If known) | |

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

No. Go to line 2.
 Yes. **Does Debtor 2 live in a separate household?**

 No Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.**2. Do you have dependents? No**Do not list Debtor 1 and
Debtor 2. Yes.Fill out this information for
each dependent.....Dependent's relationship to
Debtor 1 or Debtor 2Dependent's
ageDoes dependent
live with you?

| | | |
|----------|----|--|
| SON | 11 | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes |
| DAUGHTER | 12 | |

**3. Do your expenses include
expenses of people other than
yourself and your dependents? No
 Yes****Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.4. \$ **700.00****Your expenses****If not included in line 4:**

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues
 5. Additional mortgage payments for your residence, such as home equity loans

| | |
|--------|--------------|
| 4a. \$ | 0.00 |
| 4b. \$ | 18.00 |
| 4c. \$ | 75.00 |
| 4d. \$ | 0.00 |
| 5. \$ | 0.00 |

Debtor 1 **BRANDON S. LYMAN**
 Debtor 2 **SHAYLEE M. LYMAN**

Case number (if known) **19-51014**

6. Utilities:

6a. Electricity, heat, natural gas **200.00**
 6b. Water, sewer, garbage collection **0.00**
 6c. Telephone, cell phone, Internet, satellite, and cable services **320.00**
 6d. Other. Specify: **0.00**

7. Food and housekeeping supplies**8. Childcare and children's education costs****9. Clothing, laundry, and dry cleaning****10. Personal care products and services****11. Medical and dental expenses****12. Transportation.** Include gas, maintenance, bus or train fare.

Do not include car payments.

12. **\$ 600.00**

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. **\$ 100.00**

14. Charitable contributions and religious donations

14. **\$ 0.00**

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance **0.00**
 15b. Health insurance **0.00**
 15c. Vehicle insurance **180.00**
 15d. Other insurance. Specify: **0.00**

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: **\$ 0.00**

16. **\$ 0.00**

17. Installment or lease payments:

17a. Car payments for Vehicle 1 **346.00**
 17b. Car payments for Vehicle 2 **0.00**
 17c. Other. Specify: **0.00**
 17d. Other. Specify: **0.00**

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. **\$ 0.00**

19. Other payments you make to support others who do not live with you.

Specify: **\$ 0.00**

19. **\$ 0.00**

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property **0.00**
 20b. Real estate taxes **0.00**
 20c. Property, homeowner's, or renter's insurance **0.00**
 20d. Maintenance, repair, and upkeep expenses **0.00**
 20e. Homeowner's association or condominium dues **0.00**

20. **\$ 0.00**

21. Other: Specify: **+\$ 0.00**

21. **+\$ 0.00**

22. Calculate your monthly expenses

22a. Add lines 4 through 21. **\$ 3,129.00**
 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2
 22c. Add line 22a and 22b. The result is your monthly expenses. **\$ 3,129.00**

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.
 23b. Copy your monthly expenses from line 22c above.

23a. **\$ 1,921.68**
 23b. **-\$ 3,129.00**

23. **\$ -1,207.32**

23c. Subtract your monthly expenses from your monthly income.
 The result is your monthly net income.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: _____

Fill in this information to identify your case:

| | | |
|---|-------------------------|-------------|
| Debtor 1 | BRANDON S. LYMAN | |
| | First Name | Middle Name |
| Debtor 2 | SHAYLEE M. LYMAN | |
| (Spouse if, filing) | First Name | Middle Name |
| United States Bankruptcy Court for the: | DISTRICT OF NEVADA | |
| Case number (if known) | 19-51014 | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ BRANDON S. LYMAN

BRANDON S. LYMAN

Signature of Debtor 1

Date September 13, 2019

X /s/ SHAYLEE M. LYMAN

SHAYLEE M. LYMAN

Signature of Debtor 2

Date September 13, 2019